



STATE OF MICHIGAN  
DEPARTMENT OF EDUCATION  
LANSING



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**FISCAL YEAR 2005  
CHILD AND ADULT CARE FOOD PROGRAM  
OPERATIONAL MEMO #22**

TO: Child and Adult Care Food Program Institutions

FROM: Mary Ann Chartrand, Director  
Grants Coordination and School Support

DATE: June 7, 2005 – **Revised – 9/7/05**

SUBJECT: **Household and Foster Child Income Eligibility Statements, Letter to Parent/Guardian, Income Eligibility Guidelines and Instructions.**

The Purpose of this memorandum is to provide you with the Household and Foster Child Income Eligibility Statement, Letter to Parent/Guardian, Income Eligibility Guideline, and Instructions to assist you in determining children's eligibility for Category A (free) or Category B (reduced price) meal reimbursement, for the period beginning July 1, 2005 through and including June 30, 2006.

Read all information and instructions related to the Household Income Eligibility Statement form. Implement according to the instructions. Failure to do so may result in the loss of reimbursement.

Provide a copy of this memorandum in its entirety to all staff who will be determining eligibility.

**The attached Household Income Eligibility Statement and Letter to Parent/Guardian (dated 9/05 in the upper left hand corner) must be used for children who will be claimed during Fiscal Year 2006. Note that information regarding health insurance for uninsured children has been added to the Parent/Guardian letter.**

Before you print...

Read this information carefully and review the changes made to the Statement.

- Insert the name, address and telephone number of the sponsoring organization at the top of the Letter to Parent/Guardian and Household Income Eligibility Statement.
- Do not make any changes to the letter or Statement. Federal regulations and policies require the items and language that are used.

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[www.michigan.gov/mde](http://www.michigan.gov/mde) • (517) 373-3324

- We recommend printing Household Income Eligibility Statement forms on different colored paper each fiscal year. If possible, print Fiscal Year 2006 forms on green paper.

### **Miscellaneous notes**

Federal law prohibits the Category A Income Eligibility Guidelines from being printed on the Parent/Guardian Letter and Household Income Eligibility Statement.

Throw away all blank Household Income Eligibility Statements dated before 5/05.

Use the Foster Child Income Eligibility Statement for foster children. Refer to enclosed instructions.

### **Categorizing form**

The Child and Adult Care Food Program institution is responsible for determining the category (A, B, or C) of each submitted form. The person who determines the category of each form must:

- Starting July 1, 2005 through June 30, 2006, use the attached Income Eligibility Guidelines.
- Identify the category by circling the applicable letter.
- Sign and date it to certify that it is complete and correctly categorized.

### **Claiming reminder**

Prior to October 1, 2005, collect a complete and correctly categorized Income Eligibility Statement on all children who will be claimed in Category A or B during the Fiscal Year 2006.

Children who are ineligible, or who have an incomplete or missing Income Eligibility Statement, are to be claimed in Category C.

### **Record retention**

All Household Income Eligibility Statements collected and categorized by the institution must be retained for three years after the end of the fiscal year to which they pertain, or if an audit is outstanding, until the audit is closed.

### **Head Start and Even Start Institutions**

The Healthy Meals for Healthy Americans Act of 1994 amended sections of the National School Lunch Act to make some children automatically eligible for free meals (Category A). Eligibility criteria and documentation requirements are enclosed.

If you have any questions regarding this memo, please contact: Child and Adult Care Food Program, Grants Coordination and School Support at (517) 373-7391.

**Please keep this memo on file or in a notebook for quick and easy reference.**

Attachments (10)

Income Eligibility Guidelines Chart

Instructions for Determining Eligibility for Food Stamp or FIP Households

Instructions for Determining Eligibility for All Other Households

Instructions for Determining Eligibility of Foster Children

**Dear Parent/Guardian Letter – Revised 9/05**

**Dear Parent/Guardian Letter (pricing program) – Revised 9/05**

Household Income Eligibility Statement

Foster Child Income Eligibility Statement

Automatic Eligibility for Head Start

Automatic Eligibility for Even Start

## Income Eligibility Guidelines

July 1, 2005 - June 30, 2006

Family Size	Category A		Category B		Category C	
	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly
1	0-\$12,441	0-\$1,037	\$12,442-\$17,705	\$1,038-\$1,476	\$17,706	\$1,477
2	0-\$16,679	0-\$1,390	\$16,680-\$23,736	\$1,391-\$1,978	\$23,737	\$1,979
3	0-\$20,917	0-\$1,744	\$20,918-\$29,767	\$1,745-\$2,481	\$29,768	\$2,482
4	0-\$25,155	0-\$2,097	\$25,156-\$35,798	\$2,098-\$2,984	\$35,799	\$2,985
5	0-\$29,393	0-\$2,450	\$29,394-\$41,829	\$2,451-\$3,486	\$41,830	\$3,487
6	0-\$33,631	0-\$2,803	\$36,632-\$47,860	\$2,804-\$3,989	\$47,861	\$3,990
7	0-\$37,869	0-\$3,156	\$37,870-\$53,891	\$3,157-\$4,491	\$53,892	\$4,492
8	0-\$42,107	0-\$3,509	\$42,108-\$59,922	\$3,510-\$4,994	\$59,923	\$4,995

For each additional family member add:

\$4,238

\$354

\$6,031

\$503

\$6,032

\$504

## **Instructions for Determining Eligibility for Food Stamp or FIP Households**

A child who is a member of a household receiving food stamps or Family Independence Program (FIP) benefits is automatically eligible for free (category A) meals.

1. Review the Household Income Eligibility Statement for completeness. If a statement is not complete, return it to the family to complete. Otherwise, you cannot determine eligibility and the child would be classified as "Category C". A complete form for these households must include:

Part 1: The name(s) of enrolled child(ren) and the food stamp or FIP case number for each enrolled child.

In most cases, children in the same household will have the same food stamp or FIP case number. The number must be listed for each child.

The configuration of a food stamp or FIP case number consists of two letters and seven numerals.

Example: V1234567C

The number on a household's Electronic Benefit Transfer card for the food assistance program cannot be accepted as a food stamp/case number.

Part 2: This part does not need to be completed for children who have a food stamp or FIP case number.

Part 3: The signature of the adult household member.

2. The person determining the eligibility of the complete Household Income Eligibility Statement should sign, date, and circle "A" in the "For Sponsor Use Only" section, located at the bottom of the form.

## **Instructions for Determining Eligibility for All Other Households (Non-Food Stamp or Non FIP Households)**

A household not receiving food stamps or Family Independence Program (FIP) benefits must report the monthly income (gross) received by each household member, identified by source (such as earnings, wages, welfare, pensions, support payments, unemployment compensation, social security, and other cash income received or withdrawn from any other source, including savings, investments, trust accounts, and other resources.)

1. Review the Household Income Eligibility Statement for completeness. If a statement is not complete, return it to the family to complete. Otherwise, you cannot determine eligibility and the child would be classified as "Category C".

A complete form for the households must include:

Part 1: This part does not need to be completed for households who are reporting income.

Part 2: The names of all household members.

An "X" in the next column for children enrolled in the center for child care.

The monthly income received for each household member identified by source.

Part 3: The signature of an adult household member and his/her social security number or the word "NONE" if he/she does not possess a social security number.

2. The person determining the eligibility of the complete Household Income Eligibility Statement must:
  - Determine the total number of household members and total monthly income. Enter this number in the "For Sponsor Use Only" section at the bottom of the Household Income Eligibility Statement.
  - Apply the total number of household members and the total income from the Household Income Eligibility Statement to the Income Eligibility Guidelines. This will determine the category of the child(ren).
  - Identify the category of the child(ren) by circling "A", "B" or "C" in the "For Sponsor Use Only" section, located at the bottom of the form. Sign and date the form.

## **Instructions for Determining Eligibility of Foster Children**

Use Foster Child Income Eligibility Statement to determine eligibility of foster children. The foster parent completes the form. The sponsor categorizes the form.

A foster child is a ward of a court welfare agency, placed in residence in a private household. Since the court or agency retains legal responsibility for such a child, the foster home is, in fact, an extension of that agency and the foster child is considered a family of one.

Apply the household number of one and the total income reported for a child in situation #1 or #2 of the Foster Child Income Eligibility Statement to the Income Eligibility Guidelines. This will determine the category of the child.

If the #3 box is checked on the foster child form, do not categorize it. Send the parent/guardian or regular Household Income Eligibility Statement.

### **Use the following guidelines to determine eligibility:**

1. The foster child is considered a household of one; thus, the foster parents' household size or income is not used to determine eligibility.
2. Funds provided by the welfare agency which are specifically identified by category for personal use of the child for items such as clothing, school fees, and allowances are counted as income. Funds identified for shelter and care, and medical and therapeutic needs are not considered as income for the child. Where welfare funds cannot be identified by category, no portion of the provided funds are considered as income.
3. Funds personally received by the child such as funds received from trust accounts, monies provided by the child's family for personal use, and earnings from full-time and regular part-time employment are to be considered as income for the child. Occasional earnings should not be considered as income.
4. The statement must be signed by an adult member of the foster home; however, a social security number is not needed on the foster child's statement.
5. The foster child's status as a family of one and his or her income may be verified. However, such verification may not delay the approval of a complete statement.

(Insert Sponsor's Name, Address, and Telephone Number)

RE: Michigan Child and Adult Care Food Program  
For the period of July 1, 2005 through June 30, 2006

Dear Parent or Guardian:

Our center participates in the Child and Adult Care Food Program (CACFP). The main purpose of the CACFP is to help children receive nutritious food and well balanced meals. Meals and snacks must meet meal pattern requirements. You are not charged a separate fee for the meals and snacks served. We receive reimbursement for meals and snacks served to enrolled children while in care. Additional reimbursement is available for each child whose household is income eligible.

If you believe your income meets the guidelines, or if you receive Food Stamps or Family Independence Program (FIP) benefits, complete the attached Household Income Eligibility Statement and return it to the center. The information will be kept confidential. We will use federal guidelines to determine if your children's meals are eligible for additional reimbursement.

Your family may be eligible to receive health insurance, named MICHild, through the State of Michigan. MICHild is a health insurance program for uninsured children of Michigan's working families. MICHild services are provided by many HMOs and other health care plans throughout Michigan. To determine if your family is eligible, call 1-888-988-6300 for an application or access an online application at [http://www.michigan.gov/mdch/0,1607,7-132-2943\\_4845\\_4931---,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2943_4845_4931---,00.html) At the web address, you can also access the MICHild brochure that briefly explains the insurance program.

### **Instructions for Completing the Household Income Eligibility Statement**

#### **Households Receiving Food Stamps or FIP Benefits**

In Part 1, list the first and last name of your child(ren) who are enrolled for care in the day care center and list their Food Stamp or FIP case number. Do not use the Bridge Card number. Go to Part 3. An adult household member must sign and date the form.

#### **Households Not Receiving Food Stamps or FIP Benefits**

In Part 2, list the first and last name of all household members, both adults and children and gross monthly household income received by each household member, by source. Place an "X" in the next column for children enrolled in the center for child care. If you need more space, use a separate sheet of paper. Go to Part 3. It must include the signature of an adult household member and the adult's social security number or the word "NONE" if the adult does not have a social security number.

Children having parents or guardians who become unemployed are eligible for "A" (free) or "B" (reduced price) meals during the period of unemployment, provided that the loss of income causes the family income during the period of unemployment to be within the standards for those meals.



In certain cases, foster children are eligible for additional reimbursement regardless of your household income. If such children are living with you and you wish to apply for such meals, please contact our office.

Return the completed Household Income Eligibility Statement to the center.

Households with incomes greater than the levels shown on the CACFP income eligibility guidelines below do not need to complete the attached Household Income Eligibility Statement.

The CACFP income guidelines are as follows:

Family Size	Yearly Income	Monthly Income
1	\$17,705	\$1,476
2	23,736	1,978
3	29,767	2,481
4	35,798	2,984
For each additional family member add:	6,031	503

Please contact our office if you have any questions.

Sincerely,

Attachment: Household Income Eligibility Statement

In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

(Insert Sponsor's Name, Address, and Telephone Number)

RE: Michigan Child and Adult Care Food Program  
For the period of July 1, 2005 through June 30, 2006

Dear Parent or Guardian:

Our center participates in the Child and Adult Care Food Program (CACFP). The main purpose of the CACFP is to help children receive nutritious food and well balanced meals. Meals and snacks meet CACFP meal pattern requirements. We receive reimbursement for meals and snacks served to enrolled children while in care. Additional reimbursement is available for each child whose household is income eligible.

The price for breakfast is \$\_\_\_\_\_, the price for lunch is \$\_\_\_\_\_, the price for snack is \$\_\_\_\_\_. Households with income less than or equal to the level shown on the CACFP income scale in this letter, are eligible for "A" (free) or "B" (reduced price) meals. We offer reduced price breakfast for \$\_\_\_\_\_, lunches for \$\_\_\_\_\_, snack for \$\_\_\_\_\_. Each child for whom you receive Food Stamps or Family Independence Program (FIP) assistance is automatically eligible for free meals.

If you believe your income meets the guidelines, or if you receive Food Stamps or Family Independence Program (FIP) benefits, complete the attached Household Income Eligibility Statement and return it to the center. The information will be kept confidential. We will use federal guidelines to determine if your children's meals are eligible for free or reduced price meals.

Your family may be eligible to receive health insurance, named MICHild, through the State of Michigan. MICHild is a health insurance program for uninsured children of Michigan's working families. MICHild services are provided by many HMOs and other health care plans throughout Michigan. To determine if your family is eligible, call 1-888-988-6300 for an application or access an online application at [http://www.michigan.gov/mdch/0,1607,7-132-2943\\_4845\\_4931---,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2943_4845_4931---,00.html) At the web address, you can also access the MICHild brochure that briefly explains the insurance program.

### **Instructions for Completing the Household Income Eligibility Statement**

#### **Households Receiving Food Stamps or FIP Benefits**

In Part 1, list the first and last name of your child(ren) who are enrolled for care in the day care center and list their Food Stamp or FIP case number. Do not use the Bridge Card number. Go to Part 3. An adult household member must sign and date the form.

#### **Households Not Receiving Food Stamps or FIP Benefits**

In Part 2, list the first and last name of all household members, both adults and children and gross monthly household income received by each household member, by source. Place an "X" in the next column for children enrolled in the center for child care. If you need more space, use a separate sheet of paper. Go to Part 3. It must

include the signature of an adult household member and the adult's social security number or the word "NONE" if the adult does not have a social security number.

Return the completed Household Income Eligibility Statement to the center.

Children having parents or guardians who become unemployed are eligible for "A" (free) or "B" (reduced price) meals during the period of unemployment, provided that the loss of income causes the family income during the period of unemployment to be within the standards for those meals.

In certain cases, foster children are eligible for additional reimbursement regardless of your household income. If such children are living with you and you wish to apply for such meals, please contact our office.

Households with incomes greater than the levels shown on the CACFP income eligibility guidelines below do not need to complete the attached Household Income Eligibility Statement.

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Family Size	Yearly Income	Monthly Income
1	\$17,705	\$1,476
2	23,736	1,978
3	29,767	2,481
4	35,798	2,984
For each additional family member add:	6,031	503

Verification: The information on the application may be verified at any time during the year.

Fair Hearing: If you do not agree with the center's decision on your application, you may wish to discuss it with the center. If you wish to review the decision further, you have the right to a fair hearing. This can be done by writing or calling:

Name: \_\_\_\_\_ Address \_\_\_\_\_

Telephone: \_\_\_\_\_

Please contact our office if you have any questions.

Sincerely,

Attachment: Household Income Eligibility Statement

In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

# FISCAL YEAR 2006 CACFP HOUSEHOLD INCOME ELIGIBILITY STATEMENT

Return this completed form to:

(Insert Sponsor's name, address and telephone number) 7

## Part 1 – Households Receiving Food Stamps or FIP Benefits

<ul style="list-style-type: none"> <li>List the first and last names of your children enrolled in the center.</li> <li>Indicate if your child(ren) receives food stamps or FIP benefits, and list the case number(s). Do not use the Bridge Card number. FIP benefits are benefits received through the Family Independence Program NOT benefits received from Medicaid, WIC, or Department of Human Service's (DHS) Child Care Assistance Program (where DHS pays a portion of your child care expenses.).</li> <li>Go to Part 3. Sign and date the form. (You do not need to complete Part 2 if you complete Part 1)</li> </ul>	
Names of Children (first and last)	Does this Child Receive
	Food Stamps _____ FIP Benefits _____ Case # _____
	Food Stamps _____ FIP Benefits _____ Case # _____
	Food Stamps _____ FIP Benefits _____ Case # _____
	Food Stamps _____ FIP Benefits _____ Case # _____

## Part 2 – Households NOT Receiving Food Stamps or FIP Benefits

<ul style="list-style-type: none"> <li>If you did not list a Food Stamp or FIP number in Part 1, complete Part 2 and Part 3 of this form.</li> <li>List the names and ages of everyone (related or not related) living in your household, including yourself, other adults and children. Place an "X" in the next column for children enrolled. If you need more space, use a separate sheet of paper. By person, list the amount and source of income received last month. List gross income before deductions for taxes, social security, etc. Do not leave income columns blank; enter zero if there is no income.</li> <li>Go to Part 3. Sign and date the form, print your social security number or the word "NONE" if you do not have a social security number.</li> </ul>					
Names (First and Last)	Enrolled for Child Care	Age	Monthly Earnings from Work (before deductions)	Monthly Welfare, Child Support or Alimony	All Other Income (indicate source and amount)

## Part 3 – All Households

I certify that all of the above information is true and correct and that the Food Stamp case number or FIP case number is correct or that all income is reported. I understand that this information is given for the receipt of federal funds; that program officials will verify the information on the Statement; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

\_\_\_\_\_  
Signature of Adult Household Member

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Print Name of Adult

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date

### FOR SPONSOR USE ONLY

Total Household Members:	Total Monthly Income: \$	<b>Approved Category</b>
Sponsor Signature:	Approval Date:	<b>A</b> <b>B</b> <b>C</b>

**This form is valid from the date of sponsor signature. Date must be on form.**

HELP WITH INCOME	CIVIL RIGHTS INFORMATION					
<p><b>To Determine Monthly Income:</b></p> <ul style="list-style-type: none"> <li>• If paid every week, multiply the total gross income by 52, and divide by 12.,</li> <li>• If paid every two weeks, multiply the total gross income by 26 and divide by 12.</li> <li>• If paid once a month, use the total gross income.</li> <li>• If paid twice a month, multiply the total gross income by 2.</li> <li>• If paid once a year, divide the total gross income by 12.</li> </ul> <p><b>Farmer or Self –employed:</b></p> <p>Monthly income is gross farm or business income received in the month prior to Statement minus farm or business expenses. Gross wages from other jobs or income from other sources must also be listed as income. A loss from self-employment must be listed as zero income and cannot reduce other income.</p> <p><b>Farmer, Self-employed or Seasonal Worker:</b></p> <p>If you or a member of your household received higher or lower than usual income last month, please list the expected average monthly income on the front of this Statement.</p>	<p>Provision of this information is voluntary, is not part of the Statement, and has no effect on the determination of eligibility to receive benefits. This information will be used to determine whether or not the institution is complying with applicable provisions of civil rights laws. If you do not provide this information, a representative of the institution which provides you with child care is required to identify the racial/ethnic category of your enrolled child.</p> <table border="1"> <tr> <td><input type="checkbox"/> Identified by Adult Household Member</td> <td><input type="checkbox"/> Identified by Institution Representative</td> </tr> <tr> <td> <input type="checkbox"/> White, not of Hispanic Origin   <input type="checkbox"/> Black, not of Hispanic Origin   <input type="checkbox"/> Hispanic </td> <td> <input type="checkbox"/> American Indian or Alaskan Native   <input type="checkbox"/> Asian or Pacific Islander </td> </tr> </table>		<input type="checkbox"/> Identified by Adult Household Member	<input type="checkbox"/> Identified by Institution Representative	<input type="checkbox"/> White, not of Hispanic Origin  <input type="checkbox"/> Black, not of Hispanic Origin  <input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian or Alaskan Native  <input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Identified by Adult Household Member	<input type="checkbox"/> Identified by Institution Representative					
<input type="checkbox"/> White, not of Hispanic Origin  <input type="checkbox"/> Black, not of Hispanic Origin  <input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian or Alaskan Native  <input type="checkbox"/> Asian or Pacific Islander					

PRIVACY ACT INFORMATION – SOCIAL SECURITY NUMBERS
<p>Section 9 of the National School Lunch Act requires that, unless your child's food stamp or FIP (formerly AFDC) case number is provided, you must include the social security number of the adult household member signing the Statement or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the Statement cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the Statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or FIP benefits, contacting the state employment security office to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.</p>

FOSTER CHILD	FOOD STAMP/FIP RECIPIENTS
<p><b>Definition –</b> A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court. A foster child is considered a household of one.</p> <p>In certain cases, foster children are eligible for "A" (free) or "B" (reduced price) meals regardless of household income. If such children are living with you and you wish to apply for this reimbursement, please contact us.</p>	<p>If your household receives food stamps or FIP benefits for your child(ren) enrolled at the child care site, your child(ren) is/are automatically eligible for free meals. You must complete Part 1 and Part 3 of the Household Income Eligibility Statement.</p>

In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D. C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

## FY 2006 CACFP FOSTER CHILD INCOME ELIGIBILITY STATEMENT

(Insert Sponsor's Name, Address and Telephone Number) ↗

Dear Foster Parent:

To determine if your foster child's meals and snacks are eligible for additional CACFP reimbursement, please complete this statement and return it to the center.

### INSTRUCTIONS FOR COMPLETING THE FOSTER CHILD INCOME ELIGIBILITY STATEMENT

- Record the name and age of your foster child in the space provided below.
- Carefully read the descriptions of the categories of foster children.
- Place a check mark in the proper box which describes your foster child.
- Report the required income information.
- Sign and date the form. Insert your address and phone number and foster home license number.

The CACFP income scale for a family of one is:

Yearly Income  
\$17,705

Monthly Income  
\$1,476

<b>Name of Foster Child:</b>	<b>Age:</b>
------------------------------	-------------

1. ☐ If the court or welfare agency is legally responsible for the child and the foster home is in fact an extension of that agency, the foster child is considered a family of one.

Report the total money available for personal use. This includes, but is not limited to, funds provided by the court or welfare agency which are specifically identified by category for personal use; funds personally received by the child from trust accounts, money provided by the child's family for personal use and earnings from full-time and regular part-time employment. \$ \_\_\_\_\_ per month

2. ☐ If the child is a resident of a licensed *Group Foster Home*, he or she is considered a family of one.

Report the amount of money the child personally receives or earns from any full-time or regular part-time source. \$ \_\_\_\_\_ per month

3. ☐ If the child has been permanently placed in your home or the welfare agency subsidizes the adoption of your foster child, the total family income must be used including any subsidy paid for the foster child's care by the welfare agency.

You will need to use the Household Income Eligibility Statement. Report the total payments received for support of the child per month under "All Other Income", along with other requested information.

I certify that all of the above information is true and correct. I understand that this information is given for the receipt of federal funds; that program officials may verify the information on the Statement; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

\_\_\_\_\_  
Signature of Foster Parent

\_\_\_\_\_  
Foster Home License Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

FOR SPONSOR USE ONLY		
<b>Sponsor Signature:</b>	<b>Approval Date</b>	<b>Approved Category</b> A    B    C

**This form is valid from the date of sponsor signature. Date must be on form.**

## CIVIL RIGHTS INFORMATION

Provision of this information is voluntary, is not part of the Statement, and has no effect on the determination of eligibility to receive benefits. This information will be used to determine whether or not the institution is complying with statement provisions of civil rights laws. If you do not provide this information, a representative of the institution which provides you with child care is required to identify the racial/ethnic category of your enrolled child.

<input type="checkbox"/> Identified by Adult Household Member	<input type="checkbox"/> Identified by Institution Representative
<input type="checkbox"/> White, not of Hispanic Origin	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Black, not of Hispanic Origin	<input type="checkbox"/> Asian or Islander
<input type="checkbox"/> Hispanic	

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## **Automatic Eligibility for Head Start**

Head Start agencies may claim free meals (Category A) in the Child and Adult Care Food Program (CACFP) for children meeting the Head Start low-income criteria.

### **Eligibility Criteria**

The child must be enrolled as a participant in a Head Start Program authorized under the Head Start Act. Enrolled as a participant means "the official acceptance of a child by a Head Start program and the completion of all procedures necessary for the child to begin receiving services." This is limited to the participating child and does not include siblings and other family members.

The child must be a member of a family that meets the low-income criteria prescribed under the Head Start Act. This determination is made by the Head Start grantee based on the low-income specified in 45 CFR 1305.2 of the Head Start Program regulations.

### **Documentation Required**

The following documentation must be on file with your CACFP records for children automatically eligible:

- Statement of Income Eligibility – The Head Start statement of income eligibility for the period of time the child is enrolled as an income eligible Head Start participant; or
- CACFP Automatic Eligibility List and Certification Statement – A list of the names of income eligible Head Start participants attached to a certification statement. The certificate includes a statement certifying that the children in the list are enrolled as participants in Head Start and meet the low-income criteria prescribed under the Head Start Act. The certification statement must be signed and dated by a Head Start employee authorized to provide the certification on behalf of the Head Start Program.

The list of names and certification statement are valid for one year. An addendum may be attached to include children enrolled after the compilation of the original list.

A current list of names and certification statements are required each year.

### **Records Retention**

The Head Start statement of income eligibility and/or the list of eligible children and Certification Statement must be retained and readily available for review by the U.S. Department of Agriculture, the Michigan Department of Education, or auditors for three years after the end of the fiscal year to which they pertain, or if an audit is outstanding, until the audit is closed.



**Other Children**

Children who are enrolled in Head Start but do not meet the Head Start's low income criteria or who are enrolled in other programs such as the Michigan School Readiness Program are not automatically eligible for free (Category A) meals. A Household Income Eligibility Statement is required for these children to determine eligibility for free and reduced price meals.

**Instructions**

At the beginning of each fiscal year, prepare a list of names of children enrolled as participants in Head Start who meet the low income criteria prescribed under the Head Start Act. List the names in alphabetical order with the first and last names of eligible children. Do not include names of children who are not eligible.

As new qualified children enroll, add their names to the list. Do not delete the names of children who are no longer enrolled.

Sign and date the certification statement and attach to the list of names.

**Certification Statement**

**Head Start Eligibility**  
for the  
**Child and Adult Care Food Program**



I certify that the children whose names are on the attached list are enrolled as participants in Head Start and meet the low-income criteria prescribed under the Head Start Act. I have not included names of children who do not meet the low-income criteria or those who are not enrolled as participants in Head Start.

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Signature of Authorized Official

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Title

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Date

## **Automatic Eligibility for Even Start**

Even Start agencies may claim free meals (category A) in the Child and Adult Care Food Program (CACFP) for children enrolled in Even Start.

### **Eligibility Criteria**

The child must be enrolled as a participant in an Even Start Program authorized under the Elementary and Secondary Education Act of 1965 and the child must not yet be enrolled in kindergarten.

To be eligible for Even Start services, children must be between the ages of birth through seven years and have a parent or parents: (a) who are eligible for participation in an adult basic education program under the Adult Education Act or who are within the State's compulsory school attendance age range, as long as the local education agency provides or ensures the availability of the basic education component and (b) who are participating in the Even Start project.

### **Other Children**

Children who are not enrolled in Even Start are not automatically eligible for free (Category A) meals. A Household Income Eligibility Statement is required for these children to determine eligibility for free and reduced price meals.

### **Instructions**

Prepare a list of names of children enrolled as participants in Even Start Family Literacy Program who have not yet entered kindergarten. List the names in alphabetical order with first and last names of eligible children. Do not include names of children who are not eligible.

A certification statement must be attached to the list of names and be signed and dated by the local project director or an individual authorized to provide the certification on behalf of the Even Start Family Literacy Program. As new qualified children enroll, add their names to the list. Do not delete the names of children who are no longer enrolled.

Retain the list of children and the certification statement for three years after the end of the fiscal year to which they pertain, or if an audit is outstanding, until the time the audit is closed.

# **Certification Statement**

## **Even Start**

### **Eligibility For the Child and Adult Care Food Program**



I certify that the children whose names are on the attached list are enrolled as participants in the Even Start Family Literacy Program and they have not yet entered kindergarten. I have not included names of children who are not enrolled as participants in the Even Start Family Literacy Program or children who have entered kindergarten.

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Signature of Authorized Official

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Title

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Date